

CALIFORNIA'S HEALTH

STATE DEPARTMENT OF PUBLIC HEALTH
ESTABLISHED APRIL 15, 1870

PUBLISHED SEMI-MONTHLY

SAN FRANCISCO 2, 760 MARKET STREET

ENTERED AS SECOND-CLASS MATTER JAN. 25, 1949, AT THE POST OFFICE AT SAN FRANCISCO, CALIFORNIA, UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE SPECIAL RATE APPROVED FOR IN SECTION 1103, ACT OF OCT. 3, 1917

VOLUME 8, NUMBER 2

JULY 31, 1950

WILTON L. HALVERSON, M.D.
DIRECTOR OF PUBLIC HEALTH

STATE BOARD OF PUBLIC HEALTH

DR. CHARLES E. SMITH, President
San Francisco

DR. JAMES F. RINEHART, Vice President
San Francisco

DR. ELMER BELT
Los Angeles

DR. HARRY E. HENDERSON
Santa Barbara

DR. SANFORD M. MOOSE
San Francisco

DR. ERROL R. KING
Riverside

DR. SAMUEL J. MCCLENDON
San Diego

DR. WILTON L. HALVERSON,
Executive Officer
San Francisco

ANN WILSON HAYNES, Editor
ALTON E. WILSON, Associate Editor

Field Training for Public Health Recruits

GEORGE T. PALMER, Dr. P.H. Consultant in Public Health Training and Administration, Division of Local Health Service, State Department of Public Health

Part of the training program for new workers in the field of public health relates to apprentice training on the job. It is one thing to learn theories, principles and scientific techniques in the academic institution; this is basic. But the application of this knowledge in the field of operations, that is, in the community work of a local health department, is quite another matter.

Many students in the past have proceeded directly from post graduate education and specialized training to the job. However, local health departments have found that inexperienced graduates have required extensive experience under close supervision before they can be entrusted to work "on their own." Field training prepares students to take responsibility, safeguards them against the mistakes born of inexperience, prepares them for a running start as full-fledged members of the health department team.

Knowledge Alone Is Not Enough

Inducing a mother to have her baby immunized against diphtheria, persuading an economically hard-pressed restaurant proprietor to provide clean eating utensils and to protect perishable foods with adequate refrigeration, prevailing upon a father of small means afflicted with tuberculosis to enter a sanitarium for his own good and for the protection of his wife and children—these activities are no job for a novice. They require patience, persistence, and understanding of the other fellow's point of view. The accomplishment of the desired end in matters of this kind calls for abilities over and above a knowledge of germs. It calls for familiarity with public health education methods and an understanding of how to work constructively with the public.

The American Public Health Association states: "Field observation and study are to public health education what the student laboratory and internship are to medical education." *

History of Field Training Program

The California State Department of Public Health has been alert to the desirability of this type of experience. Field training for public health nurses was begun many years ago. In fact, nursing educators insisted on field training as a required element in public health nursing programs of study. In the training of health educators, the value of field experience has been fully recognized. It was not until 1948, however, that a more extensive state-wide field training program was inaugurated. This was made possible by a grant from the W. K. Kellogg Foundation. A small training staff was recruited to begin this work in the Santa Barbara County Health Department, the county board of supervisors and the health officer having graciously approved this joint undertaking. Several members were also added to the state staff to develop field training programs in connection with other local health departments, for the load of field training cannot be met by a single local health department alone.

Advisory Committees Formed

A program of this kind requires organization and planning. An educational advisory committee was appointed by the State Director of Public Health. This committee included representatives from the universities including the School of Public Health, the Schools of Nursing, the School of Engineering; from the State

* "Proposed Report on Field Training of Public Health Personnel," *American Journal of Public Health*, June 1947, page 709.

Department of Education; and from local health departments. Advisers from the Federal Public Health Service and the Children's Bureau were secured. This group is concerned with broad policies.

For the more detailed planning there was also set up within the State Health Department an Advisory Board on Training consisting of five division and bureau chiefs. This board is concerned with the approval of training stations and standards of procedure. A coordinator of the training program was designated by the State Director of Public Health. It took some time to acquire a training staff both for the State and for the main training station in connection with the Santa Barbara County Health Department. In the developing program other local health departments were added as training stations, with 25 local departments having participated in the program to date.

Other Agencies Assist

In addition (as indicated in footnotes to table), field training experience in five areas was augmented by field instruction provided by the following: (1) Los Angeles City Schools, (2) Los Angeles Metropolitan Life Insurance Company's Visiting Nurse Service, (3) Pasadena Visiting Nurse Association, (4) Richmond Public Schools, (5) San Mateo Visiting Nurse Association, and (6) San Jose Visiting Nurse Association.

For more than two years now this program has been under way, and we may express a feeling of satisfaction in substantial accomplishment. Field experience is making a commendable contribution to the efficiency of public health programs in California.

In this period—the calendar years of 1948 and 1949, plus 1950 to date and including trainees beginning their field work in June—326 trainees have been accommodated in 25 full-time local health departments of the State. Of these field trainees, 221 have been nurses, 52 sanitarians, 42 health educators, 6 physicians and 5 sanitary engineers.

The length of the field instruction period for nurses varies according to policies of the educational institution. In some cases time credit is given for previous public health nursing experience. The period of field training for nurses has varied from two to four months. The field training period for the other professions is three months. Assignment of nurse trainees is made by the University Schools of Nursing, with the approval of the local health departments concerned. Other trainees are selected by the head of the professional field concerned in the State Department of Public Health after consultation with the respective local health officers and their staffs.

Field Training Elements

The important elements in field training are: (1) the provision of supervised field experience in an operating program, (2) actual participation in the professional field of the trainee, and (3) observation and understanding of the work of personnel in other branches of the local health department, for a health department must work as a coordinated team. It must be assured that a trainee will receive a broad experience of self benefit and not just a routine and limited assignment of temporary benefit primarily to the health department in which he is placed. He must have an opportunity not only to observe but to take some responsibility and to make decisions.

We may properly pay tribute to the local health officers and departments who have lived up to their training responsibilities in a most satisfactory manner. The following table shows field training stations and distribution of students by profession for 1948, 1949 and 1950 to date. Out-of-state students in health education who have been assigned to field training stations in California are not included in the tally.

California Public Health Trainees by Training Station and Profession

Totals for the Years 1948, 1949 and 1950 to Date¹

| Health department | Physicians | Nurses | Health educators | Sanitarians | Sanitary engineers | Total |
|-----------------------|------------|--------|------------------|-------------|--------------------|-------|
| Alameda County | | 4 | | 1 | | 5 |
| Humboldt-Del Norte | 1 | | | | | 1 |
| Kern County | | 9 | | 5 | | 14 |
| Los Angeles City | | 44 | 4 | | | 48 |
| Los Angeles County | | 52 | 1 | 1 | | 54 |
| Long Beach | | | 2 | | | 2 |
| Marin County | | 6 | | 2 | | 8 |
| Monterey County | | | | 2 | | 2 |
| Oakland | | | 3 | 2 | | 5 |
| Orange County | 1 | | | 2 | 1 | 4 |
| Pasadena | | 42 | | 2 | | 44 |
| Richmond | 1 | 9 | 2 | | | 12 |
| Riverside County | | | | 4 | | 4 |
| Sacramento County | | | 2 | | | 2 |
| San Bernardino County | | 3 | | | | 3 |
| San Diego County | | 66 | 5 | | | 71 |
| San Francisco | | 7 | | | | 7 |
| San Joaquin District | | | 1 | | | 1 |
| San Jose City | | | 9 | 6 | | 15 |
| San Mateo County | | 61 | | 3 | 2 | 66 |
| Santa Barbara County | 3 | 20 | 5 | 19 | 1 | 48 |
| Santa Clara County | | 5 | | | 1 | 6 |
| Santa Cruz County | | | | 2 | | 2 |
| Tulare County | | | | 4 | | 4 |
| Ventura County | | | 2 | | | 2 |
| Totals | 6 | 221 | 42 | 52 | 5 | 326 |

¹ Including students who began their field training in June, 1950.

² Eighteen of the 44 also had a block of field instruction in the Los Angeles City Schools. Three others received field experience with the Los Angeles Metropolitan Life Insurance Company's Visiting Nurse Service.

³ Twenty-two of the 52 students assigned to Los Angeles County Health Department also received experience in the Los Angeles City Schools.

⁴ These two students also received field instruction from the Pasadena Visiting Nurse Association.

⁵ Nurses who did their field training with the Richmond City Health Department also had a block of experience in the Richmond Public Schools.

⁶ The one nurse who received instruction in the San Mateo County Health Department was also assigned to the San Mateo Visiting Nurse Association.

⁷ One student assigned to the Santa Clara County Health Department also had field experience with the San Jose Visiting Nurse Association.

The extensive machinery of education is wasted when it operates on a mind listless from hunger or befogged by indigestible food.—*Mary Swartz Ross.*

Occupational Diseases in California, 1949

During 1949 a total of 12,536 cases of disease attributable to occupational exposure were reported in California, according to statistics compiled by the Bureau of Adult Health, State Department of Public Health. One person out of three persons disabled by industrial

illness lost one day or more of work. Fatalities (based on payment of claims) numbered 105 during 1949.

Occupational dermatitis accounted for half of the reported cases, with poison oak listed as the principal cause. While new occupational diseases appeared—

Table 1
Occupational Diseases¹: Reported Cases by Disease Group and Major Industry Group
California, 1949

| Disease group | Total | Industry group | | | | | | | | | |
|---|--------|----------------|----------------------|--------------|---------------|---|-------|------------------------------------|--------------------|------------|------------|
| | | Agriculture | Mining and quarrying | Construction | Manufacturing | Transportation, communication and utilities | Trade | Finance, insurance and real estate | Service industries | Government | Not stated |
| Total, all diseases..... | 12,536 | 1,501 | 85 | 1,244 | 4,518 | 829 | 560 | 67 | 947 | 1,359 | 1,426 |
| Infective and parasitic diseases, ² total..... | 144 | 22 | 1 | 5 | 26 | 9 | 7 | 1 | 55 | 16 | 2 |
| Anthrax..... | 3 | | | | 3 | | | | | | |
| Brucellosis..... | 5 | | | | 3 | | | | 2 | | |
| Other infective and parasitic diseases..... | 136 | 22 | 1 | 5 | 20 | 9 | 7 | 1 | 53 | 16 | 2 |
| Diseases of the central nervous system and peripheral nerves..... | 80 | 7 | | 7 | 39 | 3 | 3 | 2 | 8 | 6 | 5 |
| Inflammatory diseases of the eye, total..... | 1,899 | 77 | 37 | 278 | 885 | 126 | 20 | 4 | 86 | 76 | 310 |
| Conjunctivitis and ophthalmia due to welding flash burns..... | 1,806 | 69 | 36 | 271 | 854 | 123 | 15 | 4 | 70 | 61 | 303 |
| Other conjunctivitis and ophthalmia..... | 93 | 8 | 1 | 7 | 31 | 3 | 5 | | 16 | 15 | 7 |
| Diseases of the ear..... | 46 | | | 2 | 12 | 18 | | 2 | 2 | 7 | 3 |
| Diseases of the respiratory system, total..... | 452 | 38 | 6 | 35 | 162 | 21 | 10 | 1 | 42 | 83 | 54 |
| Acute upper respiratory infection..... | 122 | 14 | 1 | 10 | 56 | 5 | 3 | | 13 | 6 | 14 |
| Influenza, pneumonia and bronchitis..... | 149 | 15 | 1 | 17 | 47 | 10 | 5 | 1 | 12 | 25 | 16 |
| Silicosis and other pneumoconioses (including asbestosis)..... | 8 | | 3 | | 5 | | | | | | |
| Other diseases of the respiratory system..... | 173 | 9 | 1 | 8 | 54 | 6 | 2 | | 17 | 52 | 24 |
| Diseases of the skin, total..... | 6,838 | 1,023 | 19 | 601 | 2,072 | 538 | 382 | 31 | 527 | 917 | 728 |
| Occupational dermatitis due to oils, greases, solvents and chemicals..... | 2,727 | 265 | 12 | 180 | 1,211 | 80 | 286 | 9 | 295 | 95 | 294 |
| Occupational dermatitis due to poison oak..... | 2,937 | 468 | 5 | 366 | 1,351 | 422 | 9 | 14 | 166 | 798 | 338 |
| All other diseases of the skin..... | 1,174 | 290 | 2 | 55 | 510 | 36 | 87 | 8 | 66 | 24 | 96 |
| Diseases of the bones and organs of movement, total..... | 1,644 | 155 | 2 | 169 | 826 | 48 | 95 | 16 | 112 | 53 | 168 |
| Synovitis, bursitis and tenosynovitis..... | 1,245 | 131 | 1 | 143 | 611 | 34 | 63 | 14 | 80 | 40 | 128 |
| Other diseases of bones and organs of movement..... | 399 | 24 | 1 | 26 | 215 | 14 | 32 | 2 | 32 | 13 | 40 |
| Systematic effects of industrial poisons, total..... | 518 | 61 | 9 | 27 | 202 | 16 | 12 | 3 | 36 | 114 | 38 |
| Poisoning by industrial solvents..... | 20 | | | 2 | 8 | 1 | | | 4 | 3 | 2 |
| Poisoning by lead and its compounds..... | 90 | 1 | 2 | 7 | 62 | 2 | 3 | | 4 | 3 | 6 |
| Poisoning by carbon monoxide ³ | 145 | | 5 | 9 | 43 | 8 | 7 | 1 | 14 | 47 | 11 |
| Poisoning by other industrial poisons..... | 263 | 60 | 2 | 9 | 89 | 5 | 2 | 2 | 14 | 61 | 19 |
| Effects of weather, exposure and related conditions, total..... | 339 | 64 | 6 | 48 | 91 | 19 | 9 | 1 | 18 | 41 | 42 |
| Heat and insulation..... | 290 | 61 | 6 | 46 | 71 | 17 | 4 | 1 | 16 | 29 | 39 |
| Other effects..... | 49 | 3 | | 2 | 20 | 2 | 5 | | 2 | 12 | 3 |
| Accidents and trauma, total..... | 489 | 43 | 3 | 69 | 177 | 22 | 14 | 5 | 53 | 29 | 74 |
| Chemical burns..... | 288 | 18 | 3 | 47 | 110 | 7 | 5 | 1 | 36 | 15 | 46 |
| Poisoning by venom..... | 14 | 5 | | 2 | 1 | | 1 | 1 | 1 | 1 | 2 |
| Other..... | 187 | 20 | | 20 | 66 | 15 | 8 | 3 | 16 | 13 | 26 |
| Neoplasms, benign..... | 3 | 1 | | | | | 1 | | | 1 | |
| Allergic disorders..... | 22 | 5 | 2 | 1 | 5 | 4 | 3 | | | 1 | 1 |
| Diseases of the heart (other than rheumatic fever)..... | 12 | 2 | | | 5 | 1 | | | 3 | 1 | |
| Diseases of the digestive and genito-urinary system..... | 8 | 1 | | 1 | 1 | 1 | | | 1 | 3 | |
| Diagnosis not specified..... | 42 | 2 | | 1 | 15 | 3 | 4 | 1 | 4 | 11 | 1 |

¹ Diseases attributable to occupational exposure. Excludes diseases of employees not covered by the California Workmen's Compensation Act, such as maritime workers, railroad workers in interstate commerce, and workers employed by farmers who elect not to be covered. Data on industrial accidents which result in absence from work beyond the day of accident are published monthly by the State Department of Industrial Relations.

² In addition to these cases, the Acute Communicable Disease Service of the State Department of Public Health received reports of two cases of anthrax from occupational exposure, 18 cases of brucellosis from occupational exposure, and 48 cases of silico-tuberculosis.

³ Includes 77 reports of firemen overcome by smoke.

SOURCE: State of California, Department of Industrial Relations. Doctor's First Report of Work Injury. Statistics on occupational diseases compiled by the State Department of Public Health, Bureau of Adult Health.

resulting from agricultural chemicals, beryllium and other relatively new agents, the older occupational diseases continued to take their toll. For example, 90 cases of lead poisoning and 68 cases of carbon monoxide poisoning occurred during the year.

One out of eight occupational diseases reported in 1949 involved workers in agriculture. The rate of reported cases among agriculture increased from 4.8 (cases per thousand workers) in 1948 to 5.4 in 1949; among workers in industry the rate decreased from 7.8 in 1948 to 6.3 in 1949.

The increased rate of occupational disability in agriculture in 1949 parallels the increased use of agricultural chemicals. During the year the Bureau of Adult Health received reports of 300 cases of illness in workers exposed to these chemicals. Agriculture and the closely allied food processing industry together accounted for 20 percent of all 1949 cases. These figures, compiled from workmen's compensation reports, do not record the total incidence of industrial disability in this important industry, since not all agricultural workers are covered by workmen's compensation.

In accordance with an interagency agreement with the State Department of Industrial Relations, the Bureau of Adult Health, as the state agency responsible for the health of workers in California's industries, reviews the doctor's first report of work injury. (At the present time only first reports are submitted.) The State Department of Industrial Relations publishes monthly reports on accidents which cause absence from work for one day or more; the State Department of Public Health reports on occupational diseases.

Occupational disease reports represent an understatement of industrial illness in the State, as the California Workmen's Compensation Act does not cover maritime workers, federal employees, railroad workers in interstate commerce, and workers employed by farmers who elect not to be covered. Neither are doctors required to report occupational disability if such disability does not last through the day or does not require medical service other than ordinary first-aid treatment.

Table I gives the reported cases of occupational diseases by disease group and major industry classification. Information on reported cases by disease groups by county and by disease groups according to lost-time status has also been compiled and is available from the Bureau of Adult Health.

Table II lists occupational disease fatalities (based on claims paid).

Statistics on occupational diseases due to agricultural chemicals will be presented in an article to appear in an early issue of *California's Health*.

Table 2
Occupational Disease Fatalities¹, California, 1949

| Disease | Number of fatalities |
|---|----------------------|
| Total, all diseases..... | 105 |
| Heart diseases..... | 44 |
| Other cardiovascular conditions, total..... | 6 |
| Embolisms..... | 4 |
| Cerebral haemorrhage..... | 2 |
| Lung diseases, total..... | 34 |
| Silico-tuberculosis ² | 27 |
| Silicosis..... | 4 |
| Tuberculosis..... | 2 |
| Other pneumoconioses..... | 1 |
| Poisonings, total..... | 8 |
| Carbon monoxide..... | 2 |
| Carbon tetrachloride..... | 2 |
| Hydrofluoric acid..... | 1 |
| Parathion..... | 1 |
| Sodium arsenite..... | 1 |
| Trichlorethylene..... | 1 |
| Cancer..... | 3 |
| Heatstroke..... | 3 |
| Tetanus..... | 3 |
| Hernia..... | 3 |
| Anaphylactic reaction to bee sting..... | 1 |

¹ With the exception of silico-tuberculosis deaths, these reports represent death benefits awarded by the Industrial Accident Commission in 1949 to persons covered by the California Workmen's Compensation Act. The tabulation relates to the year in which the claim was paid, and not to the year of death.

² Data on deaths from silico-tuberculosis obtained from the records of the State Department of Public Health.

SOURCE: State of California, Department of Industrial Relations. Reports of fatalities. Statistics compiled by the State Department of Public Health, Bureau of Adult Health.

Swimming Pool Operators Meet

Swimming pool operators in San Joaquin County had an opportunity recently to share operational problems and to discuss sanitary practices when they met in Stockton for an all-day conference sponsored by the San Joaquin Local Health District. Also present were representatives from Merced, Modesto, Sacramento and Oakdale.

Preconference planning, coordinated by Mr. J. Don Layson, Director-Engineer, Division of Environmental Sanitation, San Joaquin Local Health District, included a questionnaire survey of operators to determine topics of interest on which to base the conference program. The conference was not only well received, but brought a request from the operators for a second meeting this fall.

Progress in community health depends mainly on the cooperation of enlightened people. Hence the need for the spread of health knowledge among the whole population.—*From Good Health, Bulletin of Central Board of Health of South Australia, April, 1950.*

The great question, the great social question, which should engage the attention of the statesman, is the health of the people.—*Disraeli.*

State Gears for Civilian Defense: Governor Names Advisers

Having assigned responsibility for the medical and public health aspects of the California emergency disaster preparedness program to the State Department of Public Health, Governor Warren on July 3d appointed a Citizen's Advisory Committee on Medical and Health Services to serve under the direction of Dr. Wilton L. Halverson, State Director of Public Health. At the committee's initial meeting in Sacramento, July 11th and 12th, problems relating to provision of medical and health services for families and individuals subjected to enemy attack in time of war, as well as to victims of peacetime disasters, were discussed.

Recommendations for Study

Out of the meeting came recommendations for the immediate study of problems considered of particular importance as follows:

- Anticipated needs for professional and technical personnel and their most effective use.
- Anticipated need for medical supplies and drugs and means of their procurement.
- Provision of blood and blood derivatives in time of disaster.
- Adaptation of the usual public health services to disaster situations in time of war.
- Status of mutual aid pacts between local political subdivisions, and between adjoining states for the sharing of medical and health services and facilities in time of need.
- Development of training programs for civil defense workers.

On July 12th the committee attended a joint meeting with other Citizens' Advisory Committees to the State Disaster Council, including the Committees on Radiological Safety, Law Enforcement, Fire Fighting, and Utilities. This meeting was conducted by Governor Warren. Mr. Paul Larsen, Director of the Office of Civilian Mobilization, National Security Resources Board, the principal speaker, discussed the national program for civil defense against enemy attack with atomic weapons, conventional high explosives, and biological, chemical, or other special weapons. He stressed the responsibility of local and state agencies for active participation in the planning and implementation of the civil defense program, and also the necessity for effective federal-state-local cooperation in order to avoid unnecessary waste of manpower, time and money, while at the same time achieving that degree of preparedness required for our national security.

Advisory Committee

Members of the advisory committee on medical and public health aspects of civilian defense, and the agen-

cies they represent, are listed below. Philip K. Condit, M.D., on the staff of the Venereal Disease Service, State Department of Public Health, is acting secretary of the committee. Committeemen follow:

- Mr. A. A. Aita, Upland, Association of California Hospitals.
- Rodney Beard, M.D., San Francisco, Stanford University and Stanford University Medical School.
- Alonzo F. Brand, M.D., San Francisco, U. S. Public Health Service.
- Birchard M. Brundage, M.D., Beverly Hills, Atomic Energy Commission.
- Mr. Lawrence Cook, Menlo Park, American Sewage Works Association.
- Comdr. Chester S. Fay (MSC) USN, San Francisco, Western Sea Frontier.
- Colonel Kermit H. Gates (MC) USA, Presidio, San Francisco, Sixth Army.
- Colonel Paul C. Gilliland (MC) USAF, Hamilton Air Force Base, Fourth Air Force.
- Mr. Jay Jensen, Colma, Interment Association of California.
- Mr. John S. Longwell, Piedmont, American Waterworks Association.
- Walter MacPherson, M.D., Los Angeles, College of Medical Evangelists School of Medicine.
- Supervisor R. B. McClellan, Santa Barbara County, County Supervisors Association.
- Earl R. Miller, M.D., San Francisco, University of California Medical School.
- Admiral J. P. Owen, (MC) USN (Ret.), San Francisco, American Red Cross.
- Harold Pearson, M.D., Los Angeles, University of Southern California and University of Southern California Medical School.
- Edward S. Rogers, M.D., Berkeley, University of California.
- Justin J. Stein, M.D., Los Angeles, California Medical Association.
- Mr. Lloyd H. Truman, Oakland, California Funeral Directors Association.
- George M. Uhl, M.D., Los Angeles, Conference of Local Health Officers and League of California Cities.
- Elwood Wait, DDS, San Francisco, California State Dental Association.
- Miss Wilma York, RN, San Francisco, California State Nurses Association.

Health Officer Changes

Leland Bonar, M.D., of Redding, has been appointed Health Officer of Shasta County to succeed Thomas D. Wyatt, M.D.

Mr. Fritz G. Hiebert has been appointed Health Officer for the City of Lakeport, Lake County, to succeed Mr. Kenneth D. Fritch.

Military Positions in Public Health

The Department of the Army announces the need for the following personnel for duty in overseas occupied areas:

Public Health Officers (M.D.), salary \$6,400, to serve in Japan and Okinawa; *Sanitary Engineer* (Water, Sewage, etc.), salary \$4,600 plus 25 percent, to serve in Okinawa; *Bacteriologist* (Serology), salary \$3,825, to serve in Japan; and *Entomologist* (male), salary \$3,825, to serve in Japan.

The tour of duty is announced as 12 months in Okinawa and 24 months in Japan. Positions will be under civil service. Applications should be directed to the Department of the Army, Civilian Personnel Division, 821 Market Street, Room 529, San Francisco 3.

Joint Committee on School Health Issues Statement on Functions

The closely related work of the State Departments of Education and Public Health in their responsibilities for the health of the school-age child is coordinated through the California State Joint Committee on School Health.

Interest has been expressed by local public health and school administrators and by other state agencies in the pattern of organization of the state committee and its functions and responsibilities. Following is a statement adopted by the State Joint Committee at a recent meeting and approved by Dr. Wilton L. Halverson, Director, State Department of Public Health, and Mr. Roy E. Simpson, Director, State Department of Education.

Functions and Responsibilities

The purpose of the committee shall be to coordinate the activities of the State Departments of Education and Public Health that are concerned with the development and improvement of school health programs.

Representatives of the staffs of the two departments who are concerned with school health programs shall be appointed biennially by the State Director of Education and the State Director of Public Health. Officers shall consist of a chairman from one department and a secretary from the other, elected by the committee for a two-year term. The chairmanship shall rotate between the two departments.

In accordance with purpose stated above, the functions and responsibilities of the committee shall include the following:

1. To serve as a joint planning and advisory body to study and recommend appropriate action to either one or both directors in regard to health programs for children and youth.

2. To formulate and/or recommend for adoption by the administrators of the two departments policies to guide state staffs who have responsibilities in the school health field.

3. To expand the influence and to enrich the resources of the committee by the appointment to subcommittees of recognized leaders and representatives from other state and local official, professional, voluntary and lay organizations.

4. To develop procedures for the joint review, study, preparation, revision, and distribution of selected materials for use in connection with the state-wide program of health for children and youth.

5. To serve as an inservice education medium through the free discussion of school health problems

of common concern. (Staff members of the two departments, who are not members of the joint committee, should be given assignments to subcommittees that will consider problems of particular concern to them, and should be invited to attend regular committee meetings when topics of common professional interest are to be discussed.)

6. To stimulate interest in and to further the development of preservice and inservice education opportunities for state and local personnel.

7. To explore ways and means by which the resources of all official and nonofficial agencies and of lay and professional groups may contribute to the improvement of the mental, physical, and emotional health of children and youth in California.

Committee Membership

Mrs. Ann Wilson Haynes, Chief of the Bureau of Health Education, State Department of Public Health, is currently chairman of the committee, and Mr. Francis W. Doyle, Chief of the Bureau of Special Education, State Department of Education, is secretary.

Other members of the committee, recently appointed by Doctor Halverson and Mr. Simpson for a two-year term, are:

State Department of Education:

Dr. Jay Davis Conner, Associate Superintendent and Chief, Division of Instruction.

Mrs. Cecyl Havelin, Consultant in Health Education, Bureau of Health Education, Physical Education and Recreation.

Miss Helen Heffernan, Assistant Chief, Division of Instruction.

Mr. James M. Hemphill, Supervisor, School Lunch Program.

Dr. Elizabeth Kelley, Health Education, Fresno State College.

Mr. Verne S. Landreth, Chief, Bureau of Health Education, Physical Education, and Recreation.

Mr. Frank B. Lindsay, Assistant Chief, Division of Instruction.

Mrs. Vivian S. Lynndelle, Consultant in Education of the Hard of Hearing, Bureau of Special Education.

Mr. Paul L. Rivers, Field Representative, School Planning.

Miss Jane Stoddard, Consultant in Education of Physically Handicapped Children, Bureau of Special Education.

Chief, Bureau of Home Making Education (Position vacant as of July 1st).

State Department of Public Health:

Miss Margaret Cree, Public Health Nursing Consultant, Bureau of Maternal and Child Health.

Dr. Anita E. Faverman, Assistant Chief, Bureau of Maternal and Child Health.

Dr. Arthur C. Hollister, Jr., Chief, Acute Communicable Disease Service.

Dr. Frederic M. Kriete, Chief, Bureau of Maternal and Child Health.

Dr. Hugo M. Kulstad, Chief, Division of Dental Health.

Dr. George T. Palmer, Coordinator, Office of Recruitment and Training, Division of Local Health Services.

Miss Madeline Romanoli, Supervising Physical Therapist.

Dr. Ellis Sox, Chief, Division of Local Health Services.

Mr. Frank Stead, Chief, Division of Environmental Sanitation.

Dr. David Van der Slice, School Health Consultant, Bureau of Maternal and Child Health.

Miss Helen Walsh, Supervising Nutritionist, Bureau of Maternal and Child Health.

Dr. Kent Zimmerman, Mental Hygiene Consultant.

California Studies Its Youth; Plans Fall Conference

The Fifth White House Conference on Children and Youth is to be held in Washington during the month of December. In preparation for this event, each state and territory has been asked to study its own problems in relation to children and youth, and to contribute its findings to the deliberations of the national conference. In California the Governor has assigned this responsibility to the California Youth Committee.

The Youth Committee, of which Dr. Robert A. McKibben is chairman, has planned two separate but closely related projects—the Midcentury Study of Children and Youth in California, and the Second Governor's Youth Conference. The study has been going on since February. The Second Governor's Youth Conference will be held in Sacramento September 21st-22d.

Using funds generously contributed by the Rosenberg Foundation, the Youth Committee has employed a staff of three research specialists to carry on the state-wide youth study. They have been engaged in collecting data from official and voluntary agencies, in studying returns from questionnaires sent to community groups for community self-study, and in making their own spot studies of 10 selected communities. From data thus collected, they will prepare resource material for use in the Youth Conference.

Meanwhile, a group from the Youth Committee, headed by Mrs. Rollin Brown of Los Angeles, President of the Welfare Council of Metropolitan Los Angeles, has been planning the content and organization of the Youth Conference. A staff committee, headed by Dr. Frederic M. Kriete, Chief, Bureau of Maternal and Child Health, State Department of Public Health, is concerned with coordinating the work of numerous organizations and state departments interested in the White House Conference and the Midcentury Study.

More than 2,000 persons are expected to participate in the Second Governor's Youth Conference, and several thousand more are currently active in providing information basic to the state-wide study. The conference will be organized in 19 sections, grouped into five divisions as follows:

Division I: Growth of a Health Personality—This division will have four sections, concerned with age levels from infancy through adolescence.

Division II: Population Problems—This division, with three sections, will consider population pressures, children of migrant families, and transient youth.

Division III: Special Problems of Children—Four sections will be concerned respectively with (1) care of children away from home, i.e., day care, foster care, care for the chronic illness, etc., (2) problems associated

with the transition from school to maturity, (3) community responsibility for family security, and (4) the mentally defective and retarded child in the family group.

Division IV: Community Services for Children and Youth With Special Problems—Four sections will consider: (1) early identification of special needs, (2) early availability of services for children, (3) psychiatric services for children, and (4) court services, probation, and correctional treatment.

Division V: Community Organization and Planning—Four sections will approach this topic by considering needs of communities ranging from rural areas to large cities.

Cerebral Palsy Equipment Manual

A manual on equipment for the cerebral palsied has been prepared under sponsorship of Zeta Tau Alpha, national fraternity for women. The manual contains photographs, information regarding use, working diagrams for construction, specifications, materials, and directions for making 127 items of equipment and aids. The material was compiled with the guidance of the American Academy for Cerebral Palsy, professional organization of medical specialists in cerebral palsy, with numerous contributions from other professional groups, hospitals, treatment centers and schools.

Distribution will be through the National Society for Crippled Children and Adults, 11 S. La Salle Street, Chicago, to physicians and professional personnel at a prepublication price of \$3.

The Nation has an estimated half million cerebral palsy victims.

Dr. Thompson Accepts Montana Post

Dr. G. D. Carlyle Thompson, who served as Regional Medical Director of the U. S. Children's Bureau, with headquarters in San Francisco, during the early years of World War II, has been named executive officer of the Montana State Department of Public Health. For the past three years he has been director of the Division of Preventive Medicine Services, Oregon State Board of Health.

From 1944 to 1946, following his work with the Children's Bureau, Doctor Thompson was on assignment with the U. S. Army as Chief of the Medical Section of the Civil Public Health Division, Surgeon General's Office, Washington. He received the degree of Master of Public Health from the University of California, Berkeley, in 1947.

State Civil Service

A nation-wide examination for the position of Medical Officer to work with the California State Personnel Board will be held September 23d. Final filing date is September 2d. Salary range is from \$644 to \$782. Candidates without a license to practice as a physician and surgeon in California may take the examination, but must obtain their license before they can be considered for appointment.

Applicants must have four years of experience in the field of preventive medicine, adult health, industrial medicine, or public health administration. (Other professional medical experience may be substituted for two years of the required experience on a year-for-year basis, and successful completion of one year of graduate study toward a Master's degree in public health or its equivalent in a recognized school of public health may be substituted for one year of the required experience.)

Contra Costa Plans X-ray Survey

Detailed planning is going forward in Contra Costa County for a county-wide X-ray survey scheduled to begin about February 1, 1951. The venture will be a cooperative one, with participation from the Public Health Service, the State Department of Public Health, and local county agencies.

A. R. C. Revises Home Nursing Text

Red Cross Home Nursing, a textbook which since 1913 has served as a guide for some 3,000,000 Americans who have completed the A. R. C. home nursing course, and for innumerable others who have used it as a source of ready reference on home care of the sick, has just been published as a sixth revision.

Prepared primarily for those who take the Red Cross home nursing course, this book helps teach how to meet simple home emergencies, how to recognize some early signs of illness, how to give simple nursing care at home, and how to keep the family well.

The attractively illustrated text is available from the American Red Cross for 60 cents, paper cover, and for \$1 in cloth.

Health is the soul that animates all the enjoyments of life, which fade and are tasteless without it.

—Sir W. Temple.

California Morbidity Report—June, 1950

Civilian Cases

| Reportable diseases | Week ending | | | | Total cases | 5-yr. median |
|---|-------------|-------|------|-----|-------------|--------------|
| | 6/10 | 6/17 | 6/24 | 7/1 | | |
| Amebiasis..... | 3 | 5 | 6 | 3 | 17 | 26 |
| Anthrax..... | | | | | | |
| Botulism..... | | | | | | |
| Brucellosis (undulant fever)..... | 1 | 6 | 2 | | 9 | 19 |
| Chancroid..... | 5 | 7 | 8 | 5 | 25 | 36 |
| Chicken pox..... | 1,051 | 1,017 | 567 | 378 | 3,013 | 3,765 |
| Cholera..... | | | | | | |
| Coccidioidomycosis, disseminated | 2 | 2 | 3 | 4 | 11 | 6 |
| Conjunctivitis, acute infectious of newborn..... | | 1 | | | 1 | 2 |
| Dengue..... | | | | | | |
| Diarrhea of the newborn..... | 2 | 4 | | 4 | 10 | 1 |
| Diphtheria..... | 6 | 7 | 2 | 6 | 21 | 44 |
| Encephalitis, infectious..... | 1 | 1 | 3 | 1 | 6 | 6 |
| Epilepsy..... | 25 | 34 | 40 | 15 | 114 | 188 |
| Food poisoning..... | 2 | 9 | 7 | 3 | 21 | 73 |
| German measles..... | 66 | 84 | 73 | 31 | 254 | 776 |
| Monococcus infection..... | 337 | 328 | 423 | 371 | 1,459 | 2,330 |
| Granuloma inguinale..... | | | | | | |
| Hepatitis, infectious..... | 10 | 9 | 4 | 8 | 31 | 19 |
| Influenza, epidemic..... | 3 | 4 | 8 | 1 | 16 | 40 |
| Leprosy..... | | | | 1 | 1 | 1 |
| Leptospirosis (Weil's disease)..... | 1 | | | | 1 | |
| Lymphogranuloma venereum..... | 2 | | 3 | 3 | 8 | 20 |
| Malaria..... | 751 | 754 | 585 | 443 | 2,533 | 4,869 |
| Measles..... | 4 | 7 | 2 | 5 | 18 | 24 |
| Meningitis, meningococcal..... | 1,110 | 1,086 | 542 | 415 | 3,153 | 3,269 |
| Mumps..... | 185 | 187 | 151 | 135 | 658 | 410 |
| Pertussis..... | | | | | | |
| Plague..... | | | | | | |
| Pneumonia, infectious..... | 36 | 25 | 23 | 41 | 125 | 88 |
| Poliomyelitis, acute anterior..... | 19 | 21 | 33 | 23 | 96 | 88 |
| Psittacosis..... | | | | | | |
| Rabies, animal..... | 10 | 5 | | 1 | 16 | 38 |
| Rabies, human..... | | | | | | |
| Relapsing fever..... | | | | | | |
| Rheumatic fever, acute..... | 8 | 2 | 15 | 11 | 36 | 61 |
| Rocky Mountain spotted fever..... | | 1 | | | 1 | |
| Salmonella infections..... | 16 | 5 | 16 | 5 | 42 | 9 |
| Shigella infections (bacillary dysentery)..... | 8 | 8 | 11 | 8 | 35 | 18 |
| Smallpox..... | | | | | | |
| Streptococcal infections: | | | | | | |
| Scarlet fever..... | 103 | 103 | 100 | 58 | 364 | 397 |
| Streptococcal sore throat (and "septic sore throat")..... | 13 | 18 | 10 | 5 | 46 | 27 |
| Syphilis..... | 155 | 205 | 205 | 186 | 751 | 1,587 |
| Tetanus..... | | | | 1 | 1 | 1 |
| Trachoma..... | | | | | | |
| Trichinosis..... | | | | | | |
| Tuberculosis: | | | | | | |
| Respiratory..... | 116 | 147 | 182 | 184 | 629 | 831 |
| Other forms..... | 7 | 8 | 9 | 15 | 39 | 54 |
| Tularemia..... | | 1 | | | 1 | |
| Typhoid fever..... | | 1 | 2 | 2 | 5 | 10 |
| Typhus fever..... | | | | | | |
| Yellow fever..... | | | | | | |
| Totals..... | | | | | 13,568 | 27,300 |

* All types of Salmonella infections now reportable. Prior to January 1, 1949, only A, B and C types were reportable; hence a five-year median not entirely comparable.

About one out of every 20 babies in the United States is born prematurely—that's about 175,000 babies a year. Of these, about 40,000 die, making prematurity the number one cause of death among infants and number eight among all causes of death. About a third to one-half of these deaths could be prevented.

—Children's Bureau.

Printed in CALIFORNIA STATE PRINTING OFFICE
 Ann Arbor, Mich.
 Division of Documents
 General Library
 B7172-C 7-50 4,100

